

Assessed By: \_\_\_\_\_ Branch: \_\_\_\_\_ TW Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_ Work Order Number: \_\_\_\_\_  
 Client Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 General Contractor Name: \_\_\_\_\_  
 General Contractor Address: \_\_\_\_\_

**SAFE WORK PRACTICES**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Safety and Health Program implemented and enforced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staffing representative has reviewed with the Client the Injury Information Packet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required OSHA, Labor Law and WC information posted

**SITE SPECIFIC SAFETY TRAINING**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jobsite Safety Rules and Hazard Awareness - Conducted by: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of tools and equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Action and Fire Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Stress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Communication Program

**FIRST AID**

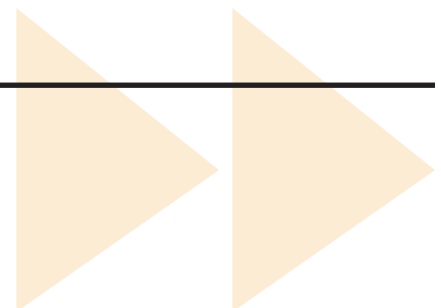
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kits adequate and maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site has 1st Aid and CPR responders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye wash stations, other: _____

**PERSONAL PROTECTIVE EQUIPMENT**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**TOOLS AND EQUIPMENT**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears to be well maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears to be in safe working condition



**FIRE PROTECTION**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Extinguishing equipment, hoses, sprinklers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evacuation and Emergency plans posted           |

**HOUSEKEEPING**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean and clear work areas, walkways and stairways                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exits adequate, properly marked, free of obstructions, well lit and visible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper and safe storage of tools, equipment and materials                   |

**FALL PROTECTION**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guardrails, toe boards and handrails properly installed                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Openings in work surface properly marked and guarded                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fall protection and fall restraint available and utilized when required |

**LADDERS AND SCAFFOLDING**

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
|                          |                          |                          | Maximum Height employees are exposed at jobsite: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding properly set up and maintained              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Platforms fully planked                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Systems in place (guardrails, safety nets, etc.) |

**EXCAVATION**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trenching greater than 5ft. in depth                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls sloped, shielded or shored to prevent cave-ins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation and its supports inspected regularly      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladders provided for entering and exiting            |

**ELECTRICAL**

- | Yes                      | No                       | N/A                      |                                       |
|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lockout - Tagout Program in effect    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Power cords in safe working condition |

**HAZARDOUS MATERIALS AND ENVIRONMENTS**

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do power cords create a potential trip/slip/fall hazard for employees?<br>Explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous materials and chemicals labeled and stored properly                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PPE available and utilized when required   |

